

LIBRARY SERVICES & TECHNOLOGY ACT (LSTA) TRAVEL SUPPORT DOCUMENT

For SCSL Use Only: LSTA Sub-Grant Award # _____

TRAVELER'S NAME

TRAVELER'S TITLE

TRAVEL PURPOSE

LIBRARY'S NAME

DATE	TIME	AM/ PM	DEPARTURE FROM	ARRIVAL AT	# OF MILES	MILES @ _____	REGISTRATION FEE*	LODGING*	AIR TRANS*	OTHER TRANS*	MEALS	MISC	TOTAL
SUBTOTALS													
GRAND TOTAL													

I hereby certify that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties under an approved LSTA sub-grant project.

TRAVELER: _____
Signature

LIBRARY APPROVAL: _____
Signature/Library Director or Fiscal Officer ONLY

*Receipts are required for all travel expenses reimbursable under LSTA, except mileage. Receipts must be legible.

****See instructions/guidelines for completing this form. ONLY expenses allowable under the LSTA administrative regulations are reimbursable**